

# STATEMENT OF ORGANIZATION

OFFICE USE

1. Name and Address of Committee

Louisiana Association of Self Insured Employee  
251 Florida Street, Suite 314

Baton Rouge

LA 70801

2. Date of this Statement

01/31/2014

3. Estimated Membership

0

4. Amended Statement?

Yes ☒ No

Check if new committee ☐

PAC  
S/D  
5/6

# 896355  
# 16646

1600555

5. All Committee Officers and Directors (including Chairperson, Treasurer, if any, and any other committee officers and directors)

Position	Name	Address
Chairperson		
Treasurer		

Please see attached sheets.

6. Affiliated Organizations

(Any organization, other than a political committee, which directly or indirectly established, administrators or financially supports this committee.)

Name	Address	Relationship to Committee
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Please see attached sheets.

7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions)

Name	Address
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Please see attached sheets.

8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE: a. Check one: ☐ Principal Campaign Committee ☒ Subsidiary Committee

b. Name of Candidate

c. Office Sought by the Candidate

Please see attached sheets.

9. Name of Person Preparing Report

Daytime Telephone

Please see attached sheets.

10. WE HEREBY CERTIFY that the information contained in this STATEMENT OF ORGANIZATION is true and correct to the best of our knowledge, information and belief.

Dated \_\_\_\_\_

Gary Patureau  
Signature of Committee Chairperson

225-338-0705  
Daytime Telephone Number

\_\_\_\_\_  
Signature of Committee Treasurer, if any

\_\_\_\_\_  
Daytime Telephone Number